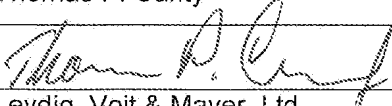


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|--|----------------------|-----------------|
| Request for Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application No. | 10/551,146 |
| | Confirmation No. | 4136 |
| | Filing Date | 31 October 2006 |
| | First Named Inventor | Ulrich Kaiser |
| | Group Art Unit | 1797 |
| | Examiner Name | ALEXANDER, LYLE |
| | Attorney Docket No. | 811726 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

| | | | | | | | | | |
|--|---|-------|---|----------------------------|---------|-----------------------|---------|--|-----------------|
| 1. Submission required under 37 CFR 1.114 a. <input type="checkbox"/> Previously submitted i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered.) ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on iii. <input type="checkbox"/> Other: b. <input checked="" type="checkbox"/> Enclosed i. <input checked="" type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Form PTO-1449 v. <input type="checkbox"/> Copies of References listed in Form PTO-1449 (except for U.S. patents and applications) vi. <input type="checkbox"/> Other: | | | | | | | | | |
| 2. Miscellaneous a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.) b. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 c. <input type="checkbox"/> Other: | | | | | | | | | |
| 3. Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below. i. <input checked="" type="checkbox"/> RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e) ii. <input type="checkbox"/> One-month extension of time fee of \$ 0.00 (37 CFR 1.136 and 1.17) iii. <input type="checkbox"/> A extension has already been secured and the fee paid therefor of \$ 0.00 is deducted from the total fee due for the total amount of extension now requested. iv. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee. v. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i)) vi. <input type="checkbox"/> Other: vii. <input type="checkbox"/> Claim fee | | | | | | | | \$810.00 \$ 0.00 \$ 0.00 | |
| CLAIM FEE | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | EXTRA CLAIMS PRESENT | RATE | ADD'L CLAIM FEE | RATE | ADD'L CLAIM FEE | |
| TOTAL | 13 | MINUS | 20 | = | x 26 = | | x 52 = | | |
| INDEPENDENT | 1 | MINUS | 3 | = | x 110 = | | x 220 = | | |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM | | | | | + 195 = | | + 390 = | | |
| Total amount to be charged to Deposit Account | | | | | | | | | \$810.00 |
| b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216. | | | | | | | | | |

| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED | | | |
|--|--|--------------------------------------|--|
| Name (Print/Type) | Thomas P. Canty | Registration No. (Attorney/Agent) | 44,586 |
| Signature |  | Date | August 10, 2010 |
| Address | Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731 | Phone | (312) 616-5600 (telephone) (312) 616-5700 (facsimile) |